

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38021**  
**10325**  
Registrar's No.

FILED DEC 8 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO.**  
(b) City or town **ST. LOUIS MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Barnes Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **DAY, MARY JOSEPHINE**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **FEMALE** race **WHITE** 5. Color or **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **J.W. Day** 6. (c) Age of husband or wife if alive **85 years**  
7. Birth date of deceased **September 14th 1879**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **25** If less than one day  
hr. min.

9. Birthplace **Litchfield Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Robert Metcalf**  
13. Birthplace **Edmondson County Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Martha Mudd**  
15. Birthplace **Litchfield, Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J.W. Day**  
(b) Address **Portageville, Missouri**  
17. (a) **Burial** (b) Date thereof **11-28-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville, Cemetery.**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. **NOV 28 1948** (b) **J. B. Lasater**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **NEW MADRID**  
(c) City or town **PORTAGEVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **106 HUFFMAN** (If rural, give location)  
**N. R.** **YES**  
(e) Citizen of foreign country? **YES** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **25th**  
year **1948** hour **ONE** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov. 20th**  
**1948** to **Nov. 25** **1948**  
that I last saw her alive on **Nov. 25th** **1948**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Acute appendicitis**  
**with generalized peritonitis**

Due to **1/21**  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy **As above**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **FR Bradley** (M. D. or other)  
Address **Barnes Hospital** Date signed **11/25/48**

DEC 17 1930

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arthur W. Whitely

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**